



**THE COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF OCCUPATIONAL SAFETY  
EMPLOYMENT AGENCY PROGRAM**

19 Staniford Street, 2<sup>nd</sup> Floor ■ Boston, MA 02114  
(617) 626-6970 ■ (617) 626-6966 fax  
[www.mass.gov/dos/](http://www.mass.gov/dos/)

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## **EMPLOYMENT AGENCY COMPLAINT FORM**

### **SECTION I** Person making the complaint:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone : \_\_\_\_\_ Work Telephone: \_\_\_\_\_

### **SECTION II** Agency about which you are launching complaint:

Name of Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### **SECTION III** Describe the redress you seek from filing this complaint (monetary refund, return of property, etc):

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Information obtained by the Division of Occupational Safety (DOS) in investigating this claim shall be confidential and for the exclusive use and information of DOS in the discharge of duties under the Employment Agency Statute, M.G.L. c. 140, §§ 46A-46R.*

MA Division of Occupational Safety, Employment Agency Program, 19 Staniford Street, 2<sup>nd</sup> Floor, Boston, MA 02114